

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034710

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2258

FILED AUG 19 1963

1. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clayton</i>		c. CITY OR TOWN <i>6826 Melrose Ave</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>County Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>University City</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>Herbert Paul Wilmas</i>		4. DATE OF DEATH Month <i>July</i> Day <i>14</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/14/03</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Wabash Railroad Co</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis Co. Mo.</i>
13a. FATHER'S NAME <i>Edward Wilmas</i>		13b. MOTHER'S MAIDEN NAME <i>Lena Fuch</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		17. INFORMANT <i>Mrs Dorothy Wilmas 6826 Melrose Ave</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Unknown natural causes</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unk</i>
DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at *DOA Co. Hosp. 8:09 PM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond L. Hain</i>	(Degree or title) <i>Coroner</i>	22b. ADDRESS <i>Clayton, Missouri</i>	22c. DATE SIGNED <i>7/19/63</i>
--	-------------------------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 17, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>
--	-----------------------------------	---	--

24. FUNERAL DIRECTOR <i>Shepard Funeral Chapel</i>	ADDRESS <i>9255 Nat Bridge</i>	25. DATE RECD. BY LOCAL REG. <i>7-15-63</i>	26. REGISTRAR'S SIGNATURE <i>James H. Murphy M.D.</i>
---	-----------------------------------	--	--

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 4002

2 4006

3 2

4 0

5 1

6

7 0

8 2

9 954

10

11

12 92-3

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Lawrence O. Heeling

Licensed Embalmer No. 4979

P. O. Address Berkeley, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.